DESIGI CITY OF 555 S 10 LINCOLN	CATION FOR SPECIAL NATED LICENSE LINCOLN CITY CLERK'S OF TH ST I NE 68508 (402) 441-7438	FICE				
RETAI	L LICENSE HOLDER	1	ED POSTERS? Y	ES 🗆	MOX S	
	Municipal O Political	O eck one that best applies): O Fine Arts O Fraternal O	Religious O Charitable C	Y OF LEGEN Y OF LEGEN Y OF LEGEN Y OF LEGEN	TERRES OFFICE OF THE CONTRACT	
COMP	LETE ALL QUESTION			2	31	
1.	Beer Wine □ Distilled Spirits □					
2.		r and class (i.e. <mark>C55441, CK</mark> organization leave blank)	55441)	7693	CLASS L	
3.	Licensee name (last, your liquor license)	Licensee name (last, first,), corporate name or limited liability company (LLC) name (As it reads on your liquor license)				
	NAME:	ZIPLINE BRE	WING DO.			
	ADDRESS:	2100 MAGNUM	CIR STE!			
	CITY:	LINCOLN	ZIP:	6850	32	
4.	Location where event	will be held; name, address,	, city, county, zip code			
	BUILDING NAME:	2100 MAGNUM	CAR			
	ADDRESS:	7)	CITY:	LINCE	IN	
	ZIP:	68522	COUNTY & COUNTY:	LANCK	STER	
	a. Is this location v	vithin the city/village limits?		YES⊠	NO□	
		vithin the 150' of church, sch It or for veterans and/or wive		YES□	NOM	
	c. Is this location v	vithin 300' of any university o	r college campus	YES□	NOE	

	Date(s) an	d Time(s) of event (no more than six (6	consecutive day	's on one applicatio	n)	
e/1	7/2014	Date	Date	Date	Date	Date	
7	4001	Hours					
ırs		From	Hours	Hours	Hours	Hours	
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V		То	_				
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			11/2		L		
	a. Alte	ernate date: _	N/A			-	
		ernate location:	NA			_	
	(Alt	ternate date or loca	ation must be spec	cified in local app	roval)		
	Indianta tu		anniad an dentar acce				
		be of activity to be c		/			
	ODance	OReception (Fund Raiser	⊗Beer G	arden OSan	npling/Tasting	
	Other:	AND THE RESIDENCE OF THE PARTY					
	Description	of area to be licens	hos			20	
	Incide build	ling dimensions of	area to be severed	IN FEET 48	1 2/01	(ACCOVIA IN	
	mside build	ang, unitensions of	area to be covered	(not early	ro foot or coros)	- (with ex une	
		of area to be licens ling, dimensions of rea dimensions of a OF OUTDOOR ARI		(not squa	re reet or acres)	3	
	*Outdoor o	roa dimonojono of a	ron to be povered I	NEEET "	, 7 ₂)		
	toutuoor a	of Outpoor And	rea to be covered i	NFEET /	x(\alpha	(approxim	
	SKEICH	OF OUTDOOR ARI	EA (or attach copy	of sketch) (samp	le sketch)	0 "	
		0.2					
		atta cl	ed stetcl				
		over co.					
	If outdoor a	rea, how will premis	ses be enclosed?				
	fence			nk catt	le panelt	tent	
	other:		onan iii	oun		torit	
	Ott 1011						
	How many	attendees do you e	xpect at event?	300			
	•		1				
	If over 150	attendees. Indicate	the steps that will b	e taken to prevent	underage persons	from obtaining	
	If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed) The checks at the door and wrist bands						
33		W. C.		· · · · · · · · · · · · · · · · · · ·			
72							
						/	
					/		
1	Will premis	es to be covered by	license comply with	h all Nebraska sani	tation laws? YEST	M NOL	
		.053			/	_ 110□	
	a. Are	there separate toile	is for both men and	women? YE	S⊠ NO□		

11.	Retailer: Will you be purchasing your alcohol from a wholesaler? YES NOW					
	Non-Profit: Where will you be purchasing your alcohol? Wholesaler Retailer Both BYO					
	(includes wineries)					
12.	Will there be any games of chance operating during the event? YES□ NO□					
	If so, describe activity:					
	NOTE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations or any events raising funds for a charity. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.					
13.	Any other information or requests for exemptions (must be received by Commission 30 days prior to event, complete NLCC form 140):					
14.	Name and telephone number/cell phone number of immediate supervisor . This person will be at the location of the event when it occurs, able to answer any questions from Commission and/or law enforcement before and during the event, and who will be responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. PLEASE PRINT LEGIBLY					
	Print name of Event Supervisor: CRAIG RELER					
	Signature of Event Supervisor:					
	Event Supervisor phone: Before $902-975-7001$ ext2 During 9645255675					
	Email address: (caig @ Zipline brewity, com					
15.	Consent of Authorized Representative/Applicant I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons directly responsible to the holder of this Special Designated License.					
sign here	Authorized Representative/Applicant Title Date					
	MARCUS A. POWERS Print Name					

This individual must be listed on the application as an officer or stockholder unless a letter has been filed appointing an individual as the catering manager allowing them to sign all SDL applications.

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

SUPPLEMENTAL FORM REQUIRED FOR ALL OUTDOOR EVENTS

(Including those for Non Profit Organizations)

Name of Event: BEEK to THERE 3.0					
Applicant and Sponsoring Organization or Individual (if applicable): ZIPLINE BREWING					
Date(s) of Event: $5/17/2014$ Hours: 2:00 pm - 9:00 pm					
Alternate Date(s): Hours: N/A					
Is the event open to the public? Yes No					
How will you ensure that minors will not be served or consume beverages containing alcohol:					
ID Check's at door and wist bands					
Will food be served? Yes No If yes, please list food to be served: SPOKES WOOD FIRED PIZZA, PEPE'S VEGETARIAN \$157RO					
SNAKE OIL CAFE WAFFLES					
Will non-alcoholic beverages be served: Yes No If yes, please list non-alcoholic beverages to be served: ALL BEER FROM ZIPLINE BREWING Co.					
Who will serve the beverages containing alcohol? Must complete Server/Seller Applicant Information Sheet.					
Have the designated servers received responsible beverage server training? Yes No					
Will there be a charge for admission? Yes No					
In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? Yes No If so, explain:					
Applicant's Signature Applicant's Signature Date					

SITE PLAN INFORMATION REQUIRED FOR ALL OUTDOOR EVENTS

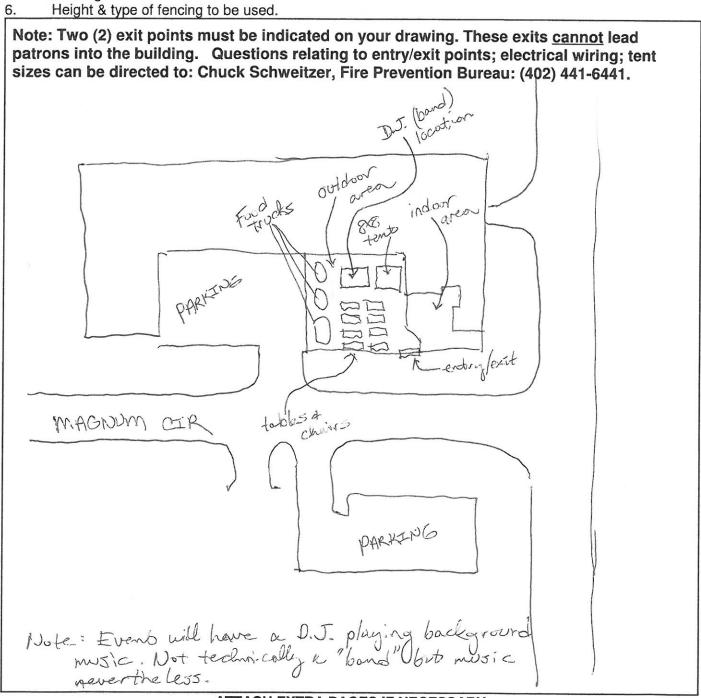
Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

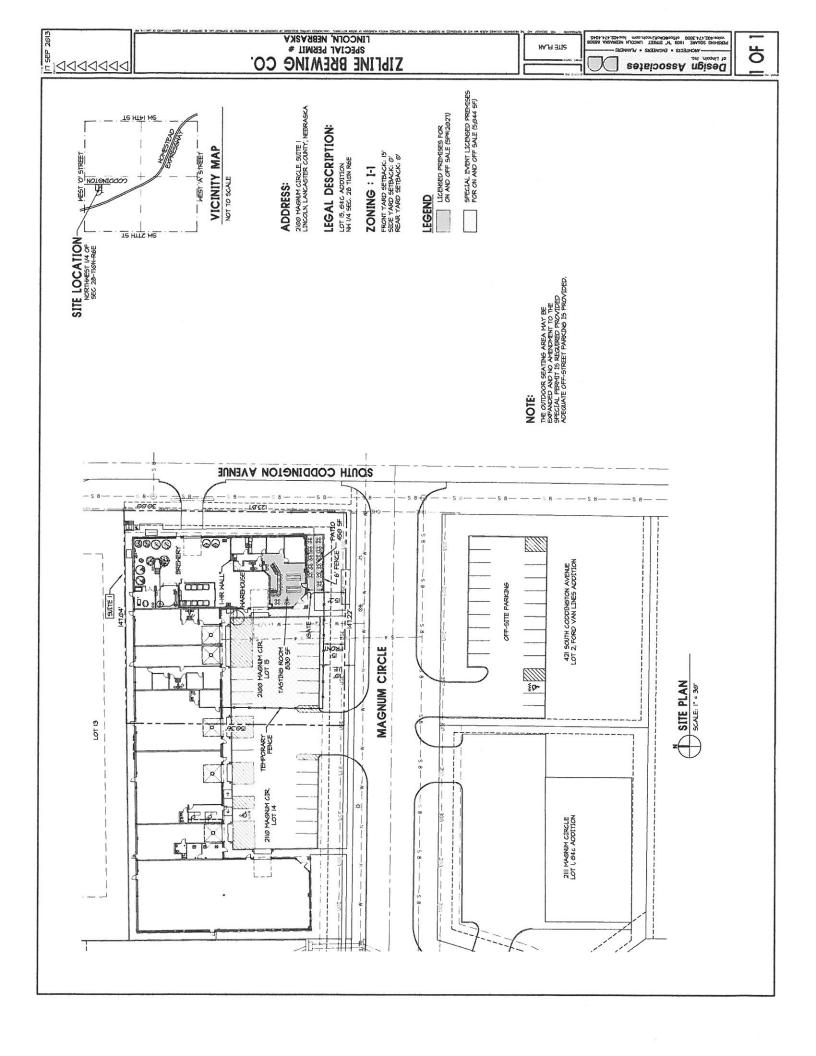
Number of Entry & Exit Points & Dimensions: (3 'x 3 ') — (extra fexit) Size & location of tent(s) (heights, width, depth) see drawing Size of area being used (76 x 72') orthorn & Location & type of cooking equipment (if used) Four truck (femore) & Location of tables & chairs; If stage for band provided & dance area, show location & dimensions on 1. 2.

3.

4.

5. drawing.





SERVER/SELLER APPLICANT INFORMATION SHEET

You must provide the NAME and DATE OF BIRTH of ALL Employees/Volunteers who will sell or dispense alcoholic beverages at your event.

This applies to nonprofit corporations as well.

NAME	DATE OF BIRTH	PHONE # DURING EVENT	EMPLOYEE OF WHOLESALE DISTRIBUTOR YES OR NO
Craia Reier	9/29/83	4025255675	No
Marcus Powers	3/20/82	450-9804	N_o
Boody Stellen	9/3/88	430-4749	No
Bayan Lasley	3/28/88	937 5959	No
James Gallentine	11/23/67	617-5259	No
Jason Sitzman	3/9/85	580-2774	No
Jordan Heiliger	6/20/89	890-2337	No
Vena Ludeman	10/30/90	340 -4991	No
Mark Ruiz	10/2/86	720-384-9189	No
Mike Boden	3/26/	7-20-261-2029	No
Tom Wilmoth	7/16/71	402-617-4455	No
Keith Gascoigne	4/8/93	308-870-4817	No
· Sandy Gallentine	4/11/67	402-310-3413	_ No
Cassile Sitzman	3/29/82	580-2774	No
Ecin Reiec	12/14/83	802-3477	No
Herther Lundine	7/5/74	6174405	No
Phil Luebbelt	5/2/10	499-4154	No
David Slattery	8/20/80	318-1672	No
/	,		